



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-04.0	Subject: Mental Health Services
Reference: NCCHC Standard P-G-04, 2014; MH-E-01: Information on Mental Health Services; MH-A-08: Communication on Patient's Mental Health Needs; MH-D-05: Inpatient Psychiatric Care; MH-E-06: Emergency Services; MH-E-07: Segregated Inmates; MH-E-09: Continuity of Mental Health Care during Incarceration; MH-E-10: Discharge Planning; MH-F-01: Mental Health Education and Self-care; MH-F-02: Healthy Lifestyle Education and Promotion; MH-G-01: Basic Mental Health Services; MH-G-02: Mental Health Programs and Residential Units; MH-G-06: Behavioral Consultation; MH-H-03: Access to Custody Information; MH-I-02: Emergency Psychotropic Medication	Page 1 of 7 and one attachment
Effective Date: February 27, 2013	Revised: June 1, 2017
Signature / Title: /s/ Tricia Ayers-Weiss, CSD Mental Health Bureau Chief	
Signature / Title: /s/ Medical Director	
Signature / Title: /s/	

I. Purpose:

To identify the range of mental health services provided at Montana State Prison and clarify the process of requesting and receiving mental health services based on individual mental health needs in order to maintain the inmate's best level of functioning, ensure continuity of care, alleviate symptoms of serious mental disorders, and prevent relapses.

Mental health services are available for all inmates who require them. Montana State Prison will employ qualified mental health professionals who will provide treatment services to the inmate population. Treatment services minimally include on-site crisis intervention, individual and/or group therapy as clinically indicated, psychotropic medication management, and a mental health treatment unit.

II. Definitions:

Behavior Management Plan (BMP) - a plan on which the prison places an inmate to end the inmate's assaultive and/or dangerous conduct.

Mental Illness: A mental disorder as defined in the *Diagnostic and Statistical Manual of Mental Disorders 5th edition* of the American Psychiatric Association, in which the person exhibits impaired emotional, cognitive, or behavioral functioning that interferes seriously with his or her ability to function adequately except with supportive treatment or services. These individuals also must either currently have, or have had within the past year, a diagnosed mental disorder, or must currently exhibit significant signs and symptoms of a mental disorder.

Mental Health Services – the use of psychosocial and pharmacological individual or group therapies, including biological, psychological, and social, to alleviate symptoms, attain appropriate functioning, prevent relapse, and help the patient to develop and pursue their personal recovery plan.

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Mental Health Staff – includes qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services, e.g., mental health technicians.

Qualified Mental Health Professionals – includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Severe Mental Illness (SMI): **A primary diagnosis of** any of the following conditions (excluding mild, unspecified, or due to physiological disturbances and physical factors) which results in recurrent substantial impairment in carrying out major life activities in social, occupational and other important daily activities, based on the symptom criteria, duration of illness, and functional severity index listed in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* and require assigned staff interventions to ensure the safety of the inmate, staff, other inmates, and overall facility operations. This includes offenders previously diagnosed with such mental illness and the previous diagnosis has been substantiated unless there is certification in the record that the diagnosis has been changed or altered as a result of a more recent mental health evaluation by a licensed mental health professional or symptoms of the illness are currently in remission as defined by the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Schizophrenia, delusional disorder, schizophreniform, schizoaffective, bipolar I, bipolar II, major depressive disorder, panic disorder with or without agoraphobia, obsessive compulsive disorder, post-traumatic stress disorder, autism spectrum disorders, and borderline personality disorder

III. **Procedures:**

A. Access to Care

1. Information about the availability of, and access to, mental health services is communicated orally and in writing to inmates on their arrival at the facility, in a form and language they understand.
2. Signs explaining how to access mental health services are posted in the intake/processing area and throughout MDIU.
3. Within 24 hours of their arrival, inmates are given written orientation manuals (that have been approved by the mental health authority) about:
 - a. How to access emergency and routine mental health services;
 - b. availability of services, including the types of programs offered, and
 - c. the grievance process for mental-health-related complaints.
4. Inmates that have difficulty communicating are assessed according to their needs and abilities and are given an interpreter or assistance accordingly.
5. Custody and support staff are able to refer inmates to mental health staff at any time during the inmate's incarceration. Inmates are able to use mental health service request forms to access mental health care at any time during their incarceration.
6. All inmates in all units have daily access to request mental health services at any time during their incarceration.

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- B. Receiving Screenings, Level 1 Mental Health Assessments, and Level 2 Mental Health Evaluations. (see MSP HS E-05.0)
1. All inmates received at Montana State Prison will be screened immediately by admissions officers and infirmary staff to ensure that emergent and urgent mental health needs are being met. Mental health staff will perform a Level 1 Mental Health Screen on all new inmates within 14 days of admission or sooner.
 2. Inmates coming to MSP with current prescriptions for psychiatric medicines will automatically receive a Level 1 Mental Health Screening and Level 2 Evaluation. The inmate will be referred to the psychiatrist for medication management.
 3. Inmates screened by admissions staff that endorse suicidal thoughts or are having difficulty emotionally or mentally will be referred emergently to mental health emergency services. A Level 1 Screen and a Level 2 Evaluation will be done immediately.
 4. Inmates that endorse mental health problems on the Level 1 Screen will be referred for a routine Level 2 Mental Health Evaluation. The Level 2 Evaluation will be completed within 30 days of the inmate's admission by a qualified mental health professional.
 5. Release of information for records containing an inmate's psychological and/or psychiatric treatment will be sought by mental health services.
- C. Treatment Programs and Placements
1. Appropriate treatment setting.
 - a. Inmates identified as having a significant, active mental illness will be referred to an appropriate treatment setting.
 - b. All mental health care is provided at Montana State Prison.
 2. Montana State Hospital
 - a. Inmates may be considered for transfer or commitment to Montana State Hospital if they suffer from a serious illness resulting in imminent danger to self or others, or are gravely disabled and treatment options have been exhausted.
 3. Mental Health Treatment Unit (MHTU)
 - a. The high-side MHTU is a non-acute care unit that provide services for those that are chronically mentally ill or experiencing situational stresses.
 - b. Inmates may be admitted to the Mental Health Treatment Unit at Montana State Prison for observation, evaluation, and treatment. Inmates referred to the MHTU will be screened by the mental health treatment team for admission based on the following criteria: 1) an Axis I serious mental disorder; 2) they have decompensated; 3) they require a broad spectrum of treatment modalities; 4) they cannot be maintained in an outpatient setting.
 - c. Mental health staff are assigned to provide therapeutic services to the MHTU inmates on a daily basis.
 - d. The MHTU supervisor provides orientation and training for correctional officers stationed at the housing units containing the MHTU.
 - e. The MHTU provide a clean, safe, therapeutic environment and milieu, including facilities for maintaining good personal hygiene. Activities of daily living and good personal hygiene are coached and guidance given, if needed.
 - f. The goal of the MHTU is to alleviate symptoms of mental illness in order to improve and maintain the inmate's best level of functioning and transition the

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inmate back to the general population and/or least restrictive environment that safely meets individual mental health needs and classification parameters.

4. MHTU inpatient services include:
 - a. Mental health education and self-care,
 - 1) Patients are encouraged to take an active and partnership role in their treatment process.
 - 2) Patients are educated about their mental illness, about effective treatments, and in skills to help them pursue their personal recovery.
 - 3) Health education materials are available on a variety of mental health topics, including healthy lifestyle choices, in the libraries, in the hobby room, and on the housing units, or from the MHTU activity therapist.
 - b. Individualized treatment planning.
 - c. Cardiovascular health training.
 - 1) All inmates are encouraged to participate in healthy lifestyle choices.
 - d. Hobby and recreational skills training.
 - e. Group and individual therapy.
 - f. Occupational skills training.
 - g. Life skills training.
5. Infirmary placement (see MSP HS I-01.0)
 - a. Inmates may be admitted to the Infirmary for observation, evaluation, and treatment. Criteria for an infirmary admission: 1) Require 24 hour monitoring; 2) Need more intensive observation, treatment, and supervision than offered on the MHTU; 3) Pose an imminent danger to themselves or others; 4) Are in the process of a transfer to the Montana State Hospital.
6. Outpatient services
 - a. Inmates identified as having mental health needs may be referred to a range of “outpatient” mental health and rehabilitative services in general population if clinically appropriate. Such services include:
 - 1) Mental health orientation and support groups.
 - 2) Mental health process and topical groups.
 - 3) Mental health education and self-care groups.
 - a) Inmates with mental illness are encouraged to take an active and partnership role in their treatment process.
 - b) Inmates are educated about their mental illness, about effective treatments, and in skills to help them pursue their personal recovery.
 - 4) Co-occurring groups.
 - 5) Individual therapy.
 - 6) Mental health wellness checks.
 - 7) Chemical dependency treatment.
 - 8) Anger management.
 - 9) Cognitive principles and restructuring.
 - 10) Sex offender treatment.
 - 11) Educational services.
 - b. Inmates receiving basic outpatient mental health services are seen as clinically indicated, at least every 90 days. Those inmates with a chronic mental illness are seen as prescribed in their individual treatment plans.

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- c. Health education materials are available on a variety of mental health topics, including healthy lifestyle choices in the library or by requesting the information from mental health staff.
 - d. All inmates are encouraged to participate in programs that encourage healthy lifestyle choices.
 - e. Prison suicide risk management procedures shall include the provision of mental health treatment and observation of inmates identified as exhibiting moderate to high suicide risk as identified in MSP 4.5.100, Suicide Risk Management.
- D. Locked Housing Segregation Evaluations (see HS E-09.0 and MSP 3.5.1)
 - 1. The psychiatric RN or his/her designee will monitor all inmates in locked housing units weekly. Documentation of rounds is made on individual logs and placed in the medical and mental health records.
 - 2. The psychiatric RN or his/her designee will monitor all inmates placed on Behavior Management Plans 3 days a week for both medical and mental health needs. Documentation will be on BMP Segregation Checks sheets.
 - 3. Locked housing inmates with a serious mental illness may be seen in individual therapy sessions with a licensed mental health professional as frequently as necessary, as determined by the licensed mental health professional.
 - 4. Based on the qualified mental health professionals clinical judgment the inmate shall be removed from locked housing unless written justification is provided by prison administration.
 - 5. All inmates in locked housing units have daily access to request mental health services
- E. Psychiatric Services
 - 1. Inmates on psychiatric medications and/or those identified as having a mental health need may receive outpatient psychiatric evaluation, treatment, and medication management by a psychiatric provider as indicated.
 - 2. Any inmate referred for psychiatric treatment should also be considered for a referral to individual or group psychotherapy.
 - 3. Involuntary and emergency psychotropic medications procedures are addressed in HS I-02.0 and HS I-02.1.
- F. Psychological Testing
 - 1. Inmates identified as having a mental health need which requires further psychological assessment may receive psychological testing administration and evaluations as indicated.
 - 2. All inmates without a documented intelligence test in their file will receive the Raven Standard Progressive Matrices to screen for intellectual functioning.
 - 3. Inmates may be referred to additional testing as clinically indicated
- G. Mental Health Emergency Services and Crisis Management
 - 1. Emergency mental health care is available 24 hours a day, 7 days a week, by qualified mental health professionals.
 - 2. Qualified mental health professionals are available for face-to-face consultations or phone consultations if away from the institution.

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3. In the event of mental health emergencies when no mental health staff are on site, the qualified mental health professionals have the ability to consult with nursing staff regarding patient mental health information in the medical file.
 4. Qualified mental health professionals provide consultation, planning, and various crises management techniques.
- H. Behavioral Consultation (see MSP 3.5.5, Behavior Management Plans).
1. Mental health staff provides behavioral consultation and supportive services to custody and/or health staff when such services are needed.
 2. Mental health staff consults with facility staff, as requested, on inmate mental health needs.
 3. When facility mental health staff are not on site the on-call qualified mental health professional will provide behavioral consultation.
 4. Mental health staff provides consultation and education regarding Behavior Management Plans.
- I. Discharge Planning for Planned Discharges
1. Inmates identified as meeting criteria for a Severe Mental Illness will be referred for discharge planning before being released from MSP.
 2. The mental health discharge planner will create a discharge plan prior to the inmate's discharge or parole date in collaboration with the Institutional Probation and Parole Officers (IPPO). The individualized discharge plan may include preparation needed to go before the Parole Board, arrangements made for follow-up in the community, preparing information packets to community programs, assisting inmates in their applications to various programs, and documentation of phone conversations with community providers. The discharge planner may be involved in arranging for psychiatric hospitalizations as needed.
 3. The mental health discharge planner, in collaboration with the psychiatrist, will arrange for a sufficient supply of medications to last until the inmate can be seen by a community mental health provider.
- J. Continuity of Mental Health Care during Incarceration
1. Evaluations and other specialty consultations (e.g., lab work, imaging procedures) are completed in a timely manner and evidence of the ordering clinician's review of the results are in the record. If changes in treatment are indicated, the changes are implemented or clinical justification for an alternative course is noted. The clinician reviews the findings with the patient in a timely manner.
 2. When an inmate returns from an emergency room visit involving mental health care, a qualified mental health professional sees the patient, reviews the ER discharge orders, and issues follow-up orders as clinically indicated. If a qualified mental health professional is not on site, mental health staff or infirmary staff contact the mental health professional on-call to review the ER findings and obtain orders as appropriate.
 3. When an inmate returns from Montana State Hospital, the qualified mental health professional sees the patient, reviews the discharge orders, and issues follow up orders as clinically indicated. If the qualified mental health professional is not on site, mental

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health staff immediately review the hospital's discharge instructions, and contacts the qualified mental health professional on-call for orders as needed.

4. Diagnostic and treatment results are used by qualified mental health professionals to modify treatment plans as appropriate. If changes in treatment are indicated but not followed, clinical justification for an alternative course is noted in the clinical record.
5. The mental health director (responsible mental health clinician) will periodically review inmate charts to ensure the continuity of mental health care. Chart reviews, deliberations, and action taken as a result of the reviews are documented.

K. Interdisciplinary Collaboration

1. Mental health staff and medical staff coordinate inmate care when each discipline impacts the other. Consultations can occur between individual staff or within a group meeting setting. Documentation will occur in the form of a treatment plan.
2. The chemical dependency and mental health staff will coordinate care when each discipline impacts the other. Consultations can occur between individual staff or within a group meeting setting. Documentation will occur in the form of a treatment plan.
3. A representative from the mental health department, a qualified mental health professional, will attend weekly Administrative Review Committee meetings to assess the appropriateness of inmates being placed in administrative segregation or restrictive administrative segregation based on their mental status and history. Documentation will be done on approved forms and placed in the medical and mental health files.
4. A qualified mental health professional will advise non clinical staff regarding an inmate's mental health needs that may affect admissions to and transfers from institutions by filling out the mental health portion of institutional transfer forms.
5. A mental health hold list will be updated by the psychiatrist and maintained by the mental health nurse or his/her designee. The mental health hold list will be e-mailed to contract beds each week. Inmates on a mental health hold will remain at MSP until their parole or discharge.
6. A qualified mental health professional will be assigned to each housing unit at MSP. The qualified mental health professional will be the mental health liaison for the inmates in their assigned housing units and custody staff. Communication may occur regarding special accommodations and considerations for inmates with chronic mental illness, suicidal intent or behavior, developmental disability, significant addiction, or other serious mental health problems.
7. Qualified mental health professionals will fill out the Initial Classification Summary Special Needs Treatment Plan Recommendations form (attachment A) for all incoming inmates in MDIU. The form is placed in the custody file.
8. Mental health staff routinely consults with disciplinary staff regarding inmate disciplinary infractions. Staff considers the inmate's mental health to ascertain when mental illness is a contributor to inmate misconduct.

L. Releases of Information

1. Mental health staff will provide mental health records to community providers with the appropriate release of information documentation to ensure confidentiality.
2. Mental health staff will obtain releases of information from inmates when collateral outside information enhances continuity of care.

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M. Access to Custody Information

1. Qualified mental health professionals and mental health staff have access to the inmate's custody information, including the Pre-Sentence Investigation (PSI) when it is available.

N. Mental Health Documentation

1. Mental health staff will maintain appropriate documentation of mental health evaluations, treatment plans, testing data, and treatment.
2. The management of this documentation will be governed by standard practices to ensure confidentiality and appropriate use of mental health information.

IV. Closing

Questions concerning this operational procedure will be directed to the Mental Health Services Manager.

V. Attachments:

Initial Classification Summary Special Needs Treatment Plan Recommendations form attachment A

NAME/AO# _____
LAST FIRST M.I. AO#

INITIAL CLASSIFICATION SUMMARY

MSP - Treatment Plan

Special Needs Treatment Plan

Recommendations:

Mental Health needs:

Services Recommended:
(Participation is Voluntary)

**Correctional
Management**

- ☐ No Significant Needs
- ☐ Moderate Needs
- ☐ Serious Needs
- ☐ Intellectual Impairment
- ☐ Cognitive Impairment
- ☐ Suicide/Self-harm Risk
- ☐ Other:

- ☐ None
- ☐ Mental Health Treatment Unit
- ☐ Outpatient Psychotherapy
- ☐ Outpatient Psychiatry
- ☐ Case Management
- ☐ Further Evaluation
- ☐ Rounds
- ☐ Discharge Planning
- ☐ Other:

- ☐ None
- ☐ Single Cell Housing
- ☐ Double Cell Housing
- ☐ Disciplinary Hold
- ☐ Transfer Hold
- ☐ Behavior Management
- ☐ Other

Comments:

Signature/Title

Date

Intelligence Testing

Test Date: _____

- ☐ Above Average
- ☐ Average
- ☐ Below Average

Comments:

Signature/Title

Date

WHITE—FILE CANARY—COUNSELOR PINK-INMATE GOLDENROD--BOP